

# Fact:



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## Tobacco Cessation Intervention

### Smoking — & — Quitting

#### ***Current smoking among Missouri adults and young people***

- 26.5% of adults currently smoke cigarettes.<sup>1</sup>
- 24.3% of high school students and 8.8% of middle school students smoked cigarettes on one or more of the 30 days prior to the survey.<sup>2</sup>

#### ***The Human Cost of Smoking in Missouri***

- 10,271 Missourians died from smoking-attributable deaths in 1999.<sup>3</sup>
- At the current smoking rate among Missouri youth, 139,484 are projected to die from smoking.<sup>4</sup>

#### ***The Economic Cost of Smoking in Missouri***

- Smoking-related illnesses costs in 1998 included \$1.7 billion in direct medical expenditures and \$2.2 million for lost productivity.<sup>5</sup>
- The Medicaid program paid \$415 million of the state's cost of smoking related illnesses.<sup>6</sup>

#### ***Health care providers advising patients to quit***

- 30.1% of Missouri adult smokers who had seen a health care provider in the past 12 months were not advised to quit smoking.<sup>10</sup>

#### ***Smokers who Quit Extend Their Lives***

- In a study of more than 875,000 people, it was found that smokers who quit by age 35 could expect to live up to eight and one-half years longer than those who continue to smoke.<sup>11</sup>
- The same study found that women smokers who were 65 years old added almost four years to their lives when they quit, as compared to smokers who continued to smoke.

#### ***The Economic Benefits of Treating Tobacco Dependence***

- Cost-effectiveness analyses show that smoking cessation treatment compares favorably with hypertension treatment and other preventive interventions such as annual mammography, pap tests, colon cancer screening, and treatment of high levels of serum cholesterol.<sup>12</sup>
- Treating tobacco dependence is economically beneficial because smoking and tobacco use causes chronic diseases such as heart disease, cancer and lung disease that are very costly to manage.<sup>13</sup>

#### ***Evidence-based Quit Interventions***

Based on a review of published studies, the Task Force on Community Preventive Services<sup>14</sup> recommend the following as effective interventions to help smokers quit:

- Increasing the unit price for tobacco products (excise taxes)
- Telephone support (quit lines) when combined with other interventions
- Mass media education campaigns when combined with other interventions
- Health care provider education and prompts for reminding providers to counsel patients to quit
- Reducing out-of-pocket costs for effective treatments for tobacco use and dependence (pharmacotherapies, including nicotine patch and gum) through health insurance coverage

#### ***Effectiveness of Telephone Counseling and Support***

- In more than 32 studies, a 41% improvement in quit rates was found among smokers using telephone counseling when compared to smokers not using telephone counseling.<sup>15</sup>
- Telephone support is most effective when combined with other interventions such as education or medical therapies.<sup>16</sup>

# Smoking — & — Quitting

## ***Attempts and desire to stop smoking among Missouri adults and young people***

- 48.8% of adult smokers tried to stop smoking for one day or longer in the past year.<sup>7</sup>
- 52.4% of middle school and 60.6% of high school smokers tried to stop smoking at least once during 12 months prior to the survey.<sup>8</sup>
- 43.1% of middle school and 56.4% of high school smokers want to stop smoking cigarettes.<sup>9</sup>

## ***Effectiveness of health care providers advising smokers to quit***

- Providers delivering advice to quit increased patients that quit by 13 percent in 2 to 24 months after programs began.<sup>17</sup>
- Provider prompts to assess for tobacco use included chart prompts and stickers, “expanded vital signs” that include status of tobacco use, and flow sheets.<sup>18</sup>

## ***The Economic Benefits of Employer Coverage of Effective Cessation Interventions***

- A study of six large employers of over 46,000 employees found that former smokers cost the companies \$4.5 million annually in health claims and that current smokers cost them \$2 million.<sup>19</sup>
- An assessment of a health care plan’s annual cost of treating a smoking related illness ranged from \$6.00 to \$33.00 per smoker, whereas the annual cost of covering treatment to help smokers quit ranged from \$0.89 to \$4.92 per smoker.<sup>20</sup>
- A CDC-sponsored study ranked tobacco cessation counseling and treatment among the highest ranked services with the lowest costs.<sup>21</sup>

## **Resources:**

- *Employers’ Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem.* 2002. Professional Assisted Cessation Therapy (PACT). Available at [www.endsmoking.org](http://www.endsmoking.org)
- *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner’s Guide.* 2002. Professional Assisted Cessation Therapy (PACT). [www.endsmoking.org](http://www.endsmoking.org)
- *Treating Tobacco Use And Dependence. Clinical Practice Guideline.* June 2000. U.S. Department of Health and Human Services. [www.surgeongeneral.gov/tobacco/](http://www.surgeongeneral.gov/tobacco/)

## **References:**

<sup>1</sup> 2002 Missouri Behavioral Risk Factor Surveillance System (BRFSS). Missouri Department of Health and Senior Services. Section of Chronic Disease Prevention and Health Promotion. Office of Surveillance, Research and Evaluation.

<sup>2</sup> 2003 Youth Tobacco Survey (YTS). Missouri Department of Health and Senior Services. Section of Chronic Disease Prevention and Health Promotion. Bureau of Health Promotion.

<sup>3</sup> Centers for Disease Control and Prevention (CDC). Tobacco Control State Highlights 2002: Impact and Opportunity. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2002.

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> Ibid

<sup>7</sup> 2002 Missouri BRFSS.

<sup>8</sup> 2003 Missouri YTS.

<sup>9</sup> 2003 Missouri YTS.

<sup>10</sup> 2001 Missouri BRFSS

<sup>11</sup> American Cancer Society. Quitting Smoking Adds Years to Your Life. Study published in American Journal of Public Health (Vol.92, No. 6:990-996). Accessed on-line at [www.cancer.org](http://www.cancer.org)

<sup>12</sup> U.S. Dept. of Health and Human Services. Public Health Service. Reducing Tobacco Use: A Report of the Surgeon General. 2000. Atlanta: Centers for Disease Control and Prevention.

<sup>13</sup> Ibid

<sup>14</sup> Hopkins, D.P., Fielding, J.E., et.al. The Guide to Community Preventive Services: Tobacco Use Prevention and

Control. American Journal of Preventive Medicine. February 2001.

<sup>15</sup> Guide to Community Preventive Services.

[www.thecommunityguide.org](http://www.thecommunityguide.org)

<sup>16</sup> Ibid

<sup>17</sup> Ibid

<sup>18</sup> Ibid

<sup>19</sup> Anderson DR, et.al. The relationship between modifiable health risks and group-level healthcare expenditures. Health Enhancement Research Organization Research Committee. Am J Health Promotion 2000;15(1):45-52

<sup>20</sup> CDC. Preventing Chronic Diseases: Investing Wisely in Health — Preventing Tobacco Use. February 2003.

<sup>21</sup> Coffield AB, et.al. Priorities among recommended clinical preventive services. Am J Preventive Medicine. 2001;21(1):1-9.